

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030884

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

2149

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Richmond Heights

Length of stay in 1b
22 Days

c. CITY
OR
TOWN St. Ann

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Marys Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 3474 St. Joachim La,

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Laura E. Stewart

4. DATE
OF
DEATH July 3, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/26/1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Miami Oklohoma

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Olie Ramsey

13b. MOTHER'S MAIDEN NAME

Laura Johnson

14. NAME OF HUSBAND OR WIFE

Joseph W. Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Joseph W. Stewart 3474 St. Joachim

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Glomerular Nephritis

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Niemia

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

6/11/63

to 7/3/63

and last saw her alive on 7/3/63

22a. SIGNATURE

(Degree or title)

W. A. Murphy

22b. ADDRESS

4161 Lindell Blvd., St. Louis 8,

22c. DATE SIGNED

7/5/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

7/6/1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

7-5-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.